Report to Governing Body: 24/07/2014

Title:	Amendments to Two Year Business Plan
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Previously considered by:	Governing Body 27 March 2014 Commissioning, Finance and Performance Committee 17 April 2014 Executive Group 8 May 2014 Governing Body 22 May 2014

Executive summary:

Purpose of the report:

To advise the Governing Body of amendments made to the Two Year Business Plan since it was approved by the Governing Body in May 2014.

Key Points:

- The NHS Warwickshire North CCG Two Year Business Plan was approved at the May 2014 Governing Body meeting.

- Since then there have been changes made nationally to the methodology used to calculate performance against some of the targets.

- Some additional minor amendments were also required.

- This report outlines the amendments made.

- Following this meeting and subject to approval for the changes made, the business plan will then be published on the CCG website.

Recommendation(s):

- Governing Body members are asked to **NOTE** the content of this report and **APPROVE** the changes made.

- Governing Body members are asked to **APPROVE** that the Two Year Business Plan is published on the CCG website.

WNCCG Objectives:	Tick (✔)
To improve health, health outcomes and reduce inequalities	✔
To lead the way to safety and quality through commissioning	✔
To make the best use of resources	✔
To build a health system fit for our population by 2020	✔

Risk and assurance issues	Full risk assessment completed of Two Year Business Plan.
Equality and diversity issues	Equality impact assessment completed.
Legal and regulatory issues	The plan supports the delivery of the CCGs' Vision for Quality, break even duty, NHS constitution, outcome ambitions and other key targets.
Patient Engagement Issues	The Two Year Business Plan is based on our Vision for Quality. The plan includes specific actions to improve patient confidence and patient safety. The plan will be published on the CCG website.

Amendments to the Two Year Business Plan

1. Introduction

The NHS Warwickshire North CCG Two Year Business Plan was approved at the May 2014 Governing Body meeting. Since then there have been changes made nationally to the methodology used to calculate performance against some of the targets. Some additional minor amendments were also required. This report outlines the amendments made.

2. Amendments to the Two Year Business Plan

In addition to spelling corrections the changes that have been made to the Two Year Business Plan are summarised below. The tables that have been amended are included with this report. The page and Annex references below refer to the Two Year Business Plan that was presented to the May 2014 meeting of the Governing Body.

- Pages 8 and 9: A capital letter 'B' has been used in all references to the Governing Body. A capital letter 'L' has been used in all references to the Clinical Lead.

- Page 9: The seventh action now reads 'Ensure that the quality improvements achieved during 2013/14 at the George Eliot Hospital NHS Trust are sustained'.

- Page 13 Annex 1: A revised table has been inserted to include reference to the Friends and Family Test. It should be noted that the methodology for calculating performance against a number of metrics has changed and these include:

    o Proportion of people feeling supported to manage their own long term conditions (the actual performance in 2012/13 is now known and this figure has been inserted).
    o Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside the hospital.
    o Patient experience of hospital care.

    The corrected figures now appear in the 'Outcomes Framework Measures' table overleaf.

- Page 17: Further work has been done to refine the Quality, Innovation, Productivity and Prevention (QIPP) schemes for 2014/15 and 2015/16 and the table has been refreshed to reflect the latest position (see following QIPP table). There remains a shortfall in savings that have yet to be identified. Work is on-going to identify schemes that will deliver the required level of savings.

Amended Table from Page 13, Annex 1: Outcomes Framework Measure

Outcome Framework Measures/CCG OIS Warwickshire North Clinical Commissioning Group						
Domain	**2015-16 (Plan)**	**2014-15 (Plan)**	**2013-14 actuals**	**2012-13 actuals**	**Direction for success**	**Monitoring Framework**
Preventing people from dying prematurely						
Potential years of life lost (PYLL) from causes considered amenable to healthcare	2248.90	2323.2	Not yet available	2400.10	Decrease	NHS OF, CCG OIS, OA, QP
Enhancing quality of life for people with long term conditions						
Proportion of people feeling supported to manage their long term condition	Not required	65.6%	Not yet available	64.1	Increase	NHS OF, CCG OIS QP (Local Priority)
Health-related quality of life for people with long-term conditions (crude rate)	71.2	70.9	Not yet available	70.7	Increase	NHS OF, CCG OIS, OA
Dementia Diagnosis Rates	68%	67%	47.00%	48.16%	Increase	NHS OF, CCG OIS, OA
Helping people to recover from episodes of ill health or following injury						
Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside the hospital (composite measure) - Indirectly Standardised	1883.52	1922.76	Not yet available	1962.0	Decrease	NHS OF, CCG OIS, OA, QP, BCF
Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into Reablement/rehabilitation services *	Not required	85.2%	81.8%		Increase	NHS OF, BCF, OA (not yet required at CCG level)
Ensuring that people have a positive experience of care						
Patient experience of hospital care (average number of negatives responses per 100 patients) - crude rate	143.1	144.5	Not yet available	145.20	Decrease	NHS OF, CCG OIS, OA
Patient experience of primary care (average number of negatives responses per 100 patients) - crude rate	7.0	7.1	Not yet available	7.2	Decrease	NHS OF, CCG OIS, OA
Friends & Family Test					Roll-out and increase in rates and response rates	NHS OF, CCG OIS, QP
Treating and caring for people in a safe environment and protecting them from avoidable harm						
Incidence of healthcare associated infection: Methicillin Resistant Staphylococcus Aureus	0	0	1		0 tolerance	NHS OF, CCG OIS, QP
Incidence of healthcare associated infection: Clostridium Difficile	Not required	48	39		National objectives set	NHS OF, CCG OIS, QP, OA
Patient Safety Incidents Reported (increase in the recording of medication errors)	Not required	Data not yet available			10% increase from Q4 2013/14	QP
Others						
Improving acces to psychological therapies	16.10%	15.90%	15.50%		Increase	QP, OA
Reported recovery rate following access to psychological therapies	50.50%	50.07%			Increase	OA
Permanent admissions of older people aged (65+) into residential care *	Not required	616.4	765.3		Decrease	BCF

Amended Table from Page 17: QIPP Schemes

Programme Theme	QIPP Scheme	Outcome	Saving 14/15	Saving 15/16
Elective Productivity	Redesign musculoskeletal services to ensure care is delivered in the most appropriate setting	Improving quality of life and access for those with long term conditions	0	200
	Redesign the rheumatology pathway to ensure care is closer to home where appropriate	Improving quality of life and access for those with long term conditions	25	25
	Urgent and emergency care transformation	Patients are seen by the most appropriate service, reduction in A and E attendances	157	300
	Redesign the care pathway for patients suffering from cardiovascular disease	Early detection, timely access to services as appropriate, improved clinical outcomes	0	100
	Community ophthalmology service	Patients will be treated as appropriate and as close to home as possible	150	150
	Direct access to surgical appliances	In scoping		
	Redesign of dermatology care pathway	In scoping		
Reducing Emergency Admissions	Implement postural support clinics	Falls prevention in the frail to improve quality of life	80	80
	Improve self-care and uptake of vaccinations to prevent avoidable emergency attendance and admissions	Reduce avoidable emergency attendance and admissions	250	250
	Year 2 implementation of early intervention ambulatory care	Reduction in unnecessary emergency admission	867	874
	Year 2 of standardising care for those in their last year of life in care homes	Improve those with advanced care plans and reduce avoidable emergency hospital attendance/ admission	84	84
	Create locality integrated health and social care team working * Establishment of a reablement unit	Reducing avoidable emergency admissions	94	127
	Year 2 continue the hospital discharge support project for those who are homeless	Access to community services to prevent avoidable hospital attendance and admissions	19	19
	Improve services for children with asthma	Conceptual		
	Respiratory nurses in the community	Conceptual		
Referral Management	Implementation of a pilot direct access community echo service with a view to commissioning a community based service	Avoid duplication of patient testing, improve access to services and reduce waiting times	68	68
	Direct access to pathology and diagnostic services	Improve access, reduce waiting times and reduce inappropriate referrals to hospital	136	136
	Standardising pathways of care	Improve quality and reduce unnecessary referrals to hospital	0	300
	Reduce avoidable activity at providers at greatest distance for patients, except where patients choose to attend these providers	Improved local access and reduced cost	500	500
	Procurement and contracting of IPFP Services	Conceptual	0	0
	GP IT Services	Conceptual		
Effective Prescribing	Quality improvements in secondary care prescribing	Cost limitation and quality improvements	129.5	94
	Quality improvement and cost reduction for primary care prescribing	Quality improvement and cost reduction	559	279
	Estimated pharmaceutical rebate scheme	Quality improvement and cost reduction	25.5	14
	Additional Cost reduction for primary care prescribing **to be agreed**	Quality improvement and cost reduction	500	
Personalisation of Care	Improving continuing care and ensuring regular reviews of patients needs	Better align services to meet individuals needs	1129	100
	Year 2 continue to repatriate the number of people with complex mental health needs currently living outside the area.	Improved access to friends and family and their own locality	253	50
	Year 2 continue to deliver best access to services and appropriately address the needs of those with mental health illness who attend hospital	Ensure parity of esteem of physical and mental health	207	100
	Review of existing packages of care	Patients receive the most appropriate treatment and care	400	200
	Improve the continence care pathway	Waste reduction and cost improvement	0	50
	Improving diabetes care	Improved care co-ordination and reduce cardiovascular risks	120	120
	Improving hospice services	Conceptual		
	Hospices at home	Conceptual		
	Increasing dementia diagnosis rate	Conceptual		
	Joint working with social care to improve services in the community (Better care fund)	Conceptual		
	Improving the efficiency of patient transport services (PTS)	Conceptual		
	Improve early detection rates for cancer	Conceptual		